

**Rule 2202 – On-Road Motor Vehicle Mitigation Options
Compliance Forms**

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RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

TYPE OR PRINT ALL INFORMATION

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Contact Name: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____ Has this person completed the Rule 2202 ETC Training? Yes _____

Area Code

No _____

(If No, please explain) _____

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official: _____ Date: _____



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Section I (continued)

Check One Box Only

Select Type of Program:

☐**Air Quality Investment Program** (Complete Sections I, II) pages 1-3.☐**Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-8 if applicable.☐**Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25.☐**Employee Commute Reduction Program Offset** (Complete Sections I, IV) pages 1-2, 5-9, and 26.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rules 308 and 311.

Site Street Address, City, Zip	Total # Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Late Fees, if applicable: (50% of submittal fee)		<input type="text"/>
Total Fees Submitted:		<input type="text"/>



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Section II - Air Quality Investment Program (AQIP) Option	
1. Enter the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period excluding those weeks which include a national holiday.	
If this is an Annual Option or the first year of a Three-Year Option GO TO Line 2. If this is the second or third year of a Three-Year Option GO TO Line 3.	
2. Multiply Line 1 times the dollar amount for annual or three-year option and enter that amount and STOP here. Check one: Annual \$60 _____ Three-Year \$125 _____ <div style="text-align: right;">Remit this amount plus the Filing Fee</div>	\$
3. Second or Third Year of a Three-Year Option Enter the additional number of employees relative to the first year of the Three-Year Option.	
4. Multiply Line 3 times \$60 and enter that amount and STOP here. <div style="text-align: right;">Remit this amount plus the Filing Fee</div>	\$

If you are using the AQIP option to comply with Rule 2202, stop here and submit only completed pages 1, 2, and 3 of this package.



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Section III			
Emission/Trip Reduction Strategies Option			
1. Enter the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.			
2. Enter the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B). Check one: Employee Survey* _____ Default AVR (1.1) _____ Other (attach explanation) _____			
* Complete Section IV-2 AVR Verification Process (pages 5-8).			
Emission Reduction Target (ERT) Calculation	VOC	NOx	CO
3. Enter the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). Check one: Zone 1 _____ Zone 2 _____ Zone 3 _____			
4. Multiply Line 1 times Line 3 and enter the results.			
5. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
6. Multiply Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
7. Subtract Line 6 from Line 4 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	VOC	NOx	CO
8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
10. Enter the sum of Lines 8 and Line 9.			
11. Subtract Line 10 from Line 7 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credit amounts to AQMD			



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Section IV – Employee Commute Reduction Program (ECRP) Option

Section IV-1. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument:

☐

**District Approved
AVR Survey**

(If selected, complete B thru D.)

The 7-day survey form is available upon request for qualified employers.

☐

Other

This method requires prior AQMD approval.

(such as Random Sample, or Record-Keeping)

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

B. Survey Response Rate

Number of surveys returned
from employees reporting to work
within the designated window.

divided by

Total number of employees
reporting to work within the
designated window.

Survey response rate
(60% minimum response
rate required.)

C. Survey Week

First day of survey

Last day of survey

D. Specific location where surveys/record keeping data are stored at your worksite

E. Police/Sheriff/Federal Field Agents Exclusion

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number excluded:



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Section IV-1 (cont.)

G. Weekly Employee/Vehicle Calculation

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Electric Vehicle	
V. Telecommute	
W. Noncommuting	

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Electric Vehicle	0
V. Telecommute	0
W. Noncommuting	0



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Section IV-1 (cont.)

G. Weekly Employee/Vehicle Calculation (cont.)

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)	
---------------------------------------	--

TV. Total Vehicles (NSR through P)	
------------------------------------	--

Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
EE. Total (ET + AA + BB + CC + DD)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.



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Section IV-1 (cont.)

H. AVR Planning Form

1. Total employee trips generated within window. (Section IV-1-G, Line ET).	1.	<table border="1" style="width: 100%; height: 40px;"></table>
2. Total vehicles arriving at the worksite within the window. (Section IV-1-G, Line TV).	2.	<table border="1" style="width: 100%; height: 40px;"></table>
3. Divide line #1 of this page by line #2 of this page for current AVR.	3.	<table border="1" style="width: 100%; height: 40px;"></table>
4. Enter AVR performance zone here. (1.30, 1.50, or 1.75).	4.	<table border="1" style="width: 100%; height: 40px;"></table>
5. AVR of last submittal.	5.	<table border="1" style="width: 100%; height: 40px;"></table>
6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).	6.	<table border="1" style="width: 100%; height: 40px;"></table>

<table border="1" style="width: 40px; height: 40px;"></table>	Off-Peak Credits (Complete Appendix C)
<table border="1" style="width: 40px; height: 40px;"></table>	Reduced Staffing (Complete Appendix D)
<table border="1" style="width: 40px; height: 40px;"></table>	Non-Regulated Sites (Complete Appendix E)
<table border="1" style="width: 40px; height: 40px;"></table>	Multiple Adjustment Worksheet (Complete Appendix F)



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Section IV-2. Good Faith Effort Determination Elements

Identify the strategies in the program at this worksite by inserting the appropriate frequency code inside the box.

MARKETING STRATEGIES

Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

☐

Attendance at a Marketing Class, at least Annually (must submit proof of attendance)

☐

Direct Communication by CEO, at least Annually (written)

☐

Employer Newsletter Distributed at least Quarterly, or Rideshare Website with Notices to Employees, at least Quarterly

☐

Employer Rideshare Events, at least Annually

☐

Flyer/Announcements/Memo/Letter to Employees, at least Quarterly

☐

New Hire Orientation, as needed

☐

Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks

☐

Rideshare Meetings/ Focus Group(s), at least Semi-Annually

☐

Other Marketing Strategies (please specify below):

--



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Summary of Basic and Support Strategies

Please check off all Employee Commute Reduction Strategies that your worksite will be implementing from the following menu. Additionally, please complete the corresponding strategy pages for those checked.

BASIC/SUPPORT STRATEGIES

- | | |
|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Commuter Choice Programs | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Flex Time Schedules | <input type="checkbox"/> Rideshare Matching Services |
| <input type="checkbox"/> Guaranteed Return Trip | <input type="checkbox"/> Transit Information Center |
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other |

DIRECT STRATEGIES

- | | |
|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Parking Charge/Subsidy |
| <input type="checkbox"/> Bicycle Program | <input type="checkbox"/> Points Program |
| <input type="checkbox"/> Carpool Program | <input type="checkbox"/> Prize Drawings |
| <input type="checkbox"/> Compressed Work Week | <input type="checkbox"/> Start-up Incentives |
| <input type="checkbox"/> Direct Financial Awards | <input type="checkbox"/> Telecommuting |
| <input type="checkbox"/> Discounted or Free Meals | <input type="checkbox"/> Time Off with Pay |
| <input type="checkbox"/> Employee Clean Vehicle Purchases | <input type="checkbox"/> Transit Subsidy |
| <input type="checkbox"/> Gift Certificates | <input type="checkbox"/> Vanpool Program |
| <input type="checkbox"/> Off Peak Rideshare Program | <input type="checkbox"/> Other |



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BASIC/SUPPORT STRATEGIES

Please use the following tables whenever applicable:

* Frequency Codes Table:

D = Daily
W = Weekly
M = Monthly
A = Annually
B = Bi-monthly
Q = Quarterly
S = Semi-annually
O = Other (specify)

** Eligibility Codes Table:

Minimum Level of Participation
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)

Check the ECRP strategies that your worksite will implement from the following menu:

☐

Commuter Choice Programs - Tax free transit and/or vanpool benefits.

☐

Flex Time Schedules - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered. (Do not use this section unless flex time is linked to your rideshare program.)

☐

Grace Period

☐

Shift Flexibility

☐

15 Minutes

☐

30 Minutes

☐

45 Minutes

☐

60 Minutes

☐

Other (please identify in minutes)

Does a written policy exist?

☐

Yes

☐

No

☐

Guaranteed Return Trip - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

☐

Personal Emergency Situation

☐

Unplanned Business-related Activities

☐

Planned Business-related Activities

☐

Other (specify)



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This will be accomplished by utilizing one or more of the following transportation modes or options:

☐ Employer Vehicle☐ TMA/TMO Provided☐ Supervisor or Fellow Employee☐ Rental car☐ Taxi☐ Other
(specify)

☐ **Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

☐ Organize Focus Group(s) or Task Force(s)☐ Coordinate the Formation of Carpools/Vanpools☐ Assist in Identifying Park & Ride Lots☐ Assist in Identifying Bicycle and Pedestrian Routes☐ Assist in Providing Personalized Transit Routes and Schedule Information☐ Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

☐ **Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles.

These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

 Number of Preferential Parking Spaces Minimum Number of Persons (per vehicle) Required to be Eligible Minimum Number of Days or % of Ridesharing Required to be Eligible Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



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☐

Rideshare Matching Services – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

☐

Employer Based System

☐

TMA/TMO System

☐

Regional Commute Management Agency

☐

Zip Code Lists/Maps

How and when do you match people (*check all that apply*):

Frequency

☐

During New Hire Orientation

☐

As Part of an Employer Wide Survey

☐

On Demand

☐

Transit Information Center - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes, tickets or tokens to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

☐

Yes

☐

No

Do you offer discounted transit passes or tokens?

☐

Yes

☐

No

If so, please provide the value of the discount:

\$ or %

PASSES

\$ or %

TOKENS



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☐ **Other Basic Support Strategies** - The employer can provide many additional types of basic support strategies designed to encourage solo commuters to participate in the commute reduction program. If your worksite is implementing any strategy not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)



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DIRECT STRATEGIES

Please use the following tables whenever applicable:

* Frequency Codes Table:

D = Daily
W = Weekly
M = Monthly
A = Annually
B = Bi-monthly
Q = Quarterly
S = Semi-annually
O = Other (specify)

** Eligibility Codes Table:

Minimum Level of Participation
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)

Check the ECRP strategies that your worksite will implement from the following menu. Do not check more than one box for the same Strategy:

☐

Auto Services - The employer provides auto services for employees participating in the employer's commute reduction program. Each employee will receive the following (*check each element that applies*).

Services	Average Value	Frequency Code *	Eligibility Code **	Minimum Requirement
<input type="checkbox"/> Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tune-Up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Repair Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Car Wash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				

☐

Bicycle Program - The employer provides eligible employees who commute by bicycle with such tools as biking equipment, special meetings or other bike related services.

The employer provides eligible employees who commute by bicycle with the following (see page 15 for Codes)

(Check each one that applies)		Frequency*	Eligibility**
<input type="checkbox"/>	Bicycle Matching/Meetings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Shoes/Clothing/Helmets/Locks/etc.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Bicycle Repairs/Kits	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Discounts at Local Bike Shops	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Other (specify)	<input type="text"/>	<input type="text"/>



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☐ **Carpool Program** - The employer provides eligible employees with a carpool program designed to encourage the use of existing carpools or the development of new carpools.

The employer provides eligible employees with a carpool program, as follows:

Mode	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					

☐ **Compressed Work Week** - A compressed work week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

☐

Yes

☐

No

The Compressed Work Week schedule is offered to:

All employees

☐

Eligible employees/Depts.

☐

Please enter the number of employees for each type of CWW used:

	Current No. Emp.	Projected No. Emp.
<input type="checkbox"/> 3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4/40 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9/80 Compressed Work Week	<input type="text"/>	<input type="text"/>



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☐ **Direct Financial Awards** - The employer, or other funding source, provides eligible employees with cash subsidies for participation in the employer's commute reduction program.

Mode	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

☐ **Discounted/Free Meals** - The employer provides eligible employees with free or discounted meals for their participation in the commute reduction program.

- ☐ The employer provides eligible employees free meals
- ☐ The employer provides eligible employees discounted meals

Participation in the employer's discounted/free meals program is as follows:

Average Value Per Meal	Frequency*	Eligibility Code**	Minimum Requirement



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- ☐ **Employee Clean Vehicle Purchase Program** - The employer provides eligible employees incentives to purchase ULEV passenger cars or better, ULEV light-duty trucks or better, or SULEV medium-duty vehicles or better.

Average Value of Incentive	Frequency*	Eligibility Code**	Minimum Requirement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Credit Union/Bank/Financial Institution Loan Rate Discounts
<input type="checkbox"/>	Employer Direct Financial Incentives or Subsidies
<input type="checkbox"/>	Employer Sponsored Benefits
<input type="checkbox"/>	Other (specify) <input type="text"/>

- ☐ **Gift Certificates** - The employer provides gift certificates to eligible employees for participation in the employer's commute reduction program.

Average Value Per Gift	Frequency*	Eligibility Code**	Minimum Requirement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ **Off-Peak Rideshare Program** - The employer may voluntarily expand its employee commute reduction program to include employees who commute outside of the designated peak window. Please check off all Employee Commute Reduction Strategies that your worksite will be implementing for employees who are scheduled to report to work during the designated off-peak period.

OFF-PEAK BASIC/SUPPORT STRATEGIES

- | | |
|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Commuter Choice Programs | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Flex Time Schedules | <input type="checkbox"/> Rideshare Matching Services |
| <input type="checkbox"/> Guaranteed Return Trip | <input type="checkbox"/> Transit Information Center |
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other (specify below) |



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OFF PEAK DIRECT STRATEGIES

<input type="checkbox"/> Auto Services	<input type="checkbox"/> Parking Charge/Subsidy
<input type="checkbox"/> Bicycle Program	<input type="checkbox"/> Points Program
<input type="checkbox"/> Carpool Program	<input type="checkbox"/> Prize Drawings
<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Start-up Incentives
<input type="checkbox"/> Direct Financial Awards	<input type="checkbox"/> Telecommuting
<input type="checkbox"/> Discounted or Free Meals	<input type="checkbox"/> Time Off with Pay
<input type="checkbox"/> Employee Clean Vehicle Purchases	<input type="checkbox"/> Transit Subsidy
<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Vanpool Program
<input type="checkbox"/> Off Peak Rideshare Program	<input type="checkbox"/> Other (Specify) _____

☐ **Parking Charge/Subsidy** – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space: \$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

Mode	Subsidy Per Space	Eligibility Code**	Minimum Requirement
<input type="checkbox"/> 2 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vanpool – 7 – 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rail/plane	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Walk	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Telecommuting	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

Parking Cash Out/Parking Management Strategies

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

IF YOU ARE IMPLEMENTING PARKING CASH OUT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? _____

How many parking spaces fall under the parking Cash Out State requirement? _____

How many employees will receive subsidies instead of the parking space? _____ Amount \$ _____

Is there street parking or alternative parking close to your facility?

Yes	No	How Far? (miles)
-----	----	------------------

How is the program monitored?

On-Site Security	Card Reader	Honor System	Other
------------------	-------------	--------------	-------

Please add pages if other details will help in explaining your site specific parking situation.

☐ **Points Program** - Employees earn points for each day of participation in the employer's commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency*	Eligibility Code**	Minimum Requirement
\$				

☐ **Prize Drawings** - The employer provides eligible employees with a chance to win prizes for participation in the employer's commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Drawing Frequency*	Eligibility Code**	Minimum Requirement



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

☐ **Start Up Incentive** – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and generally provided over a short period of time.

Mode	Award Amount	Per Day or Month	Duration*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

☐ **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist? ☐ Yes ☐ No

Telecommuting is offered to: ☐ All Employees ☐ Eligible employees/Depts

The employer telecommuting program consists of:
(Check each element that applies.)

☐ Orientation / Training Sessions

☐ Working at Home ☐ # of Days per Week

☐ Working at Satellite Work Center ☐ # of Days per Week

☐ Other (specify)

Please enter the number of program participants:

	Current No. Empl.	Projected No. Empl.
Work at Home	<input type="text"/>	<input type="text"/>
Work at Satellite Work Center	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

☐ **Time Off with Pay** - The employer provides eligible employees additional time off with pay for participation in the employer's commute reduction program.

Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	<u>Units:</u> M = Minutes H = Hours D = Days
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Month	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	

Maximum amount (if any) of earned time off that can be accumulated within a one-year period:

Number of minutes, hours, days

Unit of time off earned

Units:

M = Minutes

H = Hours

D = Days

☐ **Transit Subsidy** - The employer provides eligible employees a transit subsidy for participation in the employer's commute reduction program.

Mode

	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
Transit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you offer any other type of transit program to employees?

☐

Yes

☐

No

Please explain:



RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

☐ **Vanpool Program** - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

The employer provides eligible employees with a vanpool program, as follows:

☐

Employer owned/leased

☐

Employee owned/leased

☐

Third-party owned/leased

Total number of vans participating in program

☐

Employer provided insurance

☐

Employer provided fuel/maintenance

☐

Employer provides cash subsidies for vanpoolers

☐

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

\$

Other, please explain:

If empty seats are subsidized, how much?

\$

per seat

How long?



RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

☐

Other Direct Strategies - The employer can provide many additional types of direct strategies designed to encourage solo commuters to participate in the commute reduction program. If your worksite is implementing any strategy not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)



RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

Section IV - 3			
Employee Commute Reduction Program/Emissions Offset Option			
1. Enter the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line ET, by 5.			
2. Enter the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line TV, by 5.			
3. Subtract Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.			
Emission Reduction Target (ERT) Calculation	VOC	NOx	CO
4. Enter the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). Check one: Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/>			
5. Multiply Line 1 times Line 4 and enter the results.			
6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
8. Subtract Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	VOC	NOx	CO
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
11. Enter the sum of Lines 9 and Line 10.			
12. Subtract Line 11 from Line 8 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.			
Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT	VOC	NOx	CO
13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. Enter results here.			
14. Multiply the highest number on Line 13 by \$60. This is the equivalent AQIP Fee to Offset your Net ERT. STOP here, you are in compliance.	\$ _____		

APPENDIX A

SAMPLE

Average Vehicle Ridership Survey Form

- **ENGLISH VERSION**
- **SPANISH VERSION**

Average Vehicle Ridership Survey Form

Employee Information

Name: _____

Employee I.D.#: _____ **Dept./Section:** _____

Phone Ext.: _____ **Home Zip Code:** _____ **Miles to Worksite (one way):** _____

Signature: _____ **Date:** _____

Mode	Scheduled Report Time	Mon	Tue	Wed	Th	Fri	(circle am or pm as applicable)
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
A. Drive Alone							
B. Motorcycle							
C. 2 persons in vehicle							
D. 3 persons in vehicle							
E. 4 persons in vehicle							
F. 5 persons in vehicle							
G. 6 persons in vehicle							
H. 7 persons in vehicle							
I. 8 persons in vehicle							
J. 9 persons in vehicle							
K. 10 persons in vehicle							
L. 11 persons in vehicle							
M. 12 persons in vehicle							
N. 13 persons in vehicle							
O. 14 persons in vehicle							
P. 15 persons in vehicle							
Q. Bus							
R. Rail/plane							
S. Walk							
T. Bicycle							
U. Electric vehicle (or other Zero Emission veh.)							
V. Telecommute (reduction of more than 50% of trip)							
W. Noncommuting							

Compressed Work Week Day(s) Off

X. 3/36 work week days off (2 days)					
Y. 4/40 work week day off (1 day)					
Z. 9/80 work week day off (1 day)					

Other Days Off

AA. Vacation					
BB. Sick					
CC. Other					

You should have only 5 (five) check marks for the entire survey week.

Semana de la Encuesta: _____

MES/DIA/AÑO HASTA MES/DIA/AÑO

Encuesta del Viaje Semanal del Empleado

Información sobre el empleado

Nombre Completo: _____

Numero de
Identificación del
Empleado: _____

Depto./Unidad: _____

Telefono: _____

Código Postal del
lugar donde Vive: _____

Millas desde su casa al trabajo
(de ida solamente): _____

Firma: _____

Fecha: _____

Modo de Transporte	Hora de Llegada	Lunes	Martes	Miérc.	Jueves	Viernes	Sabado	Domingo
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Maneja Solo (a)	(marque am or pm segun corresponde)							
B. Motocicleta								
C. 2 personas en el vehiculo								
D. 3 personas en el vehiculo								
E. 4 personas en el vehiculo								
F. 5 personas en el vehiculo								
G. 6 personas en el vehiculo								
H. 7 personas en el vehiculo								
I. 8 personas en el vehiculo								
J. 9 personas en el vehiculo								
K. 10 personas en el vehiculo								
L. 11 personas en el vehiculo								
M. 12 personas en el vehiculo								
N. 13 personas en el vehiculo								
O. 14 personas en el vehiculo								
P. 15 personas en el vehiculo								
Q. Bus								
R. Tren/Avion								
S. Caminando								
T. Bicicleta								
U. Vehiculo Electrico								
V. Telecomunicacion (reduce 50% de la distancia)								
W. No viajo al trabajo (vea instrucciones)								
Semana de trabajo comprimida								
X. 3/36 Semana con 2 dias libres								
Y. 4/40 Semana con 1 dia libre								
Z. 9/80 Semana con 1 dia libre								
Otros Dias Libres								
AA. Vacaciones								
BB. Enfermedad								
CC. Otras razones								

Deberia tener un total de 7 marcas durante la semana de 7 dias.

APPENDIX B

Supplemental Worksheets & Tables

**SUPPLEMENTAL WORKSHEETS & TABLES**

TABLE 1
Employee Emission Reduction Factors
Performance Zone 1 (1.75 AVR)
(pounds per year per employee)

Emission Year	VOC	NO_x	CO
2004	4.55	4.97	47.89
2005	4.10	4.41	43.28
2006	3.72	4.03	39.91
2007	3.39	3.60	36.05
2008	3.09	3.27	32.98
2009	2.82	2.97	30.24
2010	2.56	2.68	27.50

Performance Zone 2 (1.50 AVR)
(pounds per year per employee)

Emission Year	VOC	NO_x	CO
2004	3.54	3.86	37.25
2005	3.19	3.43	33.67
2006	2.89	3.13	31.04
2007	2.64	2.80	28.04
2008	2.40	2.54	25.65
2009	2.20	2.31	23.52
2010	1.99	2.08	21.39

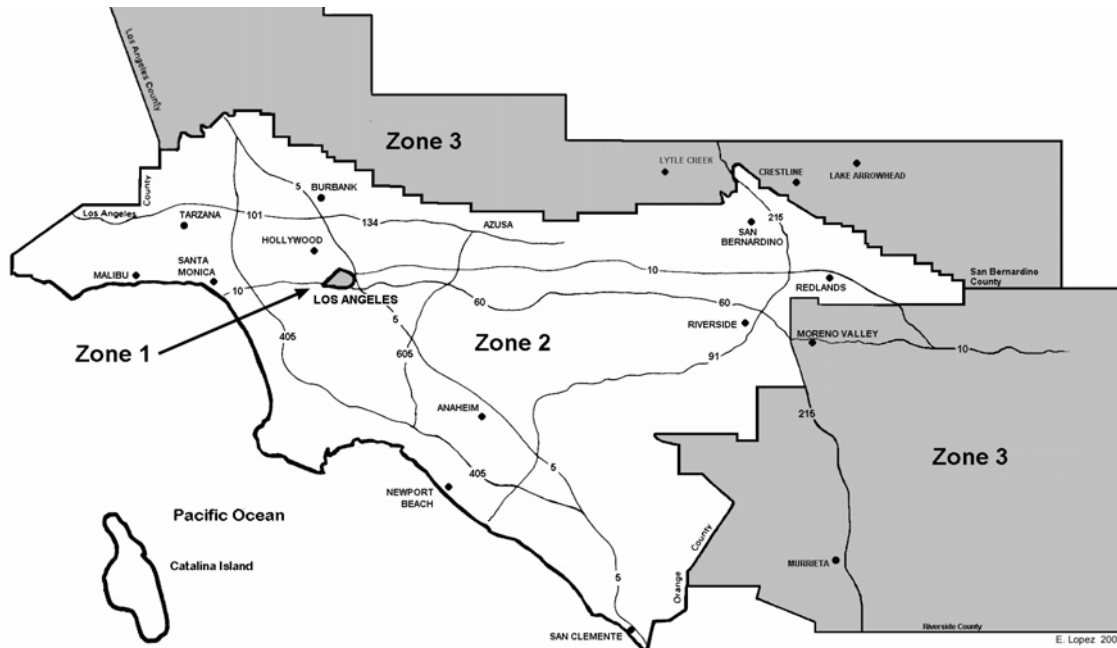
Performance Zone 3 (1.30 AVR)
(pounds per year per employee)

Emission Year	VOC	NO_x	CO
2004	2.45	2.67	25.79
2005	2.21	2.37	23.31
2006	2.00	2.17	21.49
2007	1.83	1.94	19.41
2008	1.66	1.76	17.76
2009	1.52	1.60	16.28
2010	1.38	1.44	14.81

**SUPPLEMENTAL WORKSHEETS & TABLES**

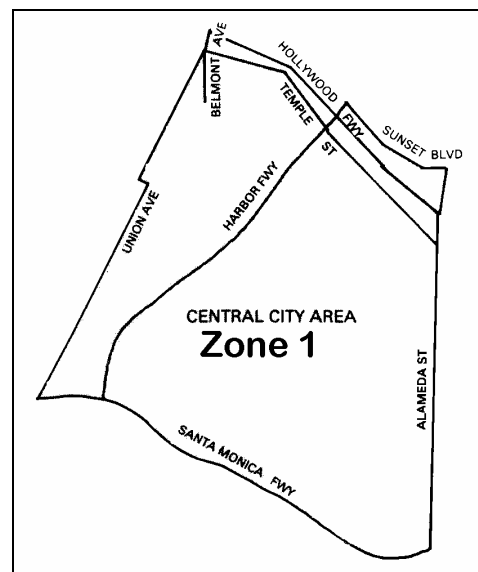
TABLE 2
Emission Factors
for Vehicle Trip Emission Credit (VTEC)
(pounds per year per daily commute vehicle)

Emission Year	VOC	NO_x	CO
2004	10.62	11.59	111.75
2005	9.56	10.28	101.0
2006	8.68	9.40	93.12
2007	7.91	8.40	84.11
2008	7.21	7.62	76.95
2009	6.59	6.94	70.56
2010	5.97	6.25	64.16



PERFORMANCE ZONES

- A worksite's Performance Zone depends on its location.
- District's Source/Receptor Areas are shown in Attachment 3 of Rule 701 - Air Pollution Emergency Contingency Actions.
- **Zone 1** is the Central City Area of Downtown Los Angeles within the AQMD's Source/Receptor Area 1.
- **Zone 2** corresponds to the AQMD's Source/Receptor Areas 2 through 12, 16 through 23, and 32 through 35, excluding the Zone 1 - Central City Area.
- **Zone 3** corresponds to the AQMD's Source/Receptor Areas 13, 15, 24 through 31, and 36 through 38.



**SUPPLEMENTAL WORKSHEETS****Introduction**

The purpose of the Supplemental Worksheets is to assist the preparer in determining their CCVR (Creditable Commute Vehicle Reduction) Credits or VTEC (Vehicle Trip Emission Credits).

The use of the Worksheets is optional and is not required to be submitted with the Registration form. However, the Worksheets and/or other supporting records must be kept at the worksite and be made available upon request to the AQMD or its representatives.

The employer may calculate their CCVR using any of the following:

- a. AQMD approved survey;
- b. Weighted average of the most immediate past three years of AVR data using the current year employee numbers (this option cannot be used in the ECRP/Emissions Offset); or
- c. 1.1 AVR default using the current year employee numbers (this option cannot be used in the ECRP/Emissions Offset); or
- d. Other AQMD approved method.

Notes:

- 1. The AQMD approved survey can be found in Appendix A.
- 2. Other AQMD approved methods must be approved in writing prior to submittal of the Registration form.

**SUPPLEMENTAL WORKSHEETS**
Weighted Average

The weighted average is determined by using the survey data of the most immediate past three years. Do not use the arithmetic average of AVR. The weighted average CCVR is determined as follows:

Step 1

Enter in the table below the survey data of the weekly employee trips from the last three years and add. Do the same for the weekly vehicle trips.

Year 1	Weekly employee trips (line ET of form IV-1)		Weekly vehicle trips (line TV of form IV-1)	
	ET ₁		TV ₁	
Year 2	ET ₂		TV ₂	
Year 3	ET ₃		TV ₃	
Total	ET _T		TV _T	

Step 2

Using the calculated totals from Step 1, divide the total of column ET by the total of column TV.

ET _T	
TV _T	
ET _T ÷ TV _T = AVR _{Weighted}	

The result is AVR_{Weighted}.
Continue on to Step 3.



RULE 2202 - REGISTRATION FORM

Page 6

SUPPLEMENTAL WORKSHEETS & TABLES

Step 3

Using the $AVR_{Weighted}$ calculated above divide that number into the current daily employee ($E_{Current}$). This will calculate the current daily vehicle trips ($TV_{Current}$).

$E_{Current}$	
$AVR_{Weighted}$	
$E_{Current} \div AVR_{Weighted} =$ $TV_{Current}$	

The current daily employee number () may be established through payroll records in determining the number of employee reporting to work in the peak window.

Step 4

Calculate the CCVR using the information from Step 3 by subtracting the current daily vehicle trips ($TV_{Current}$) from the current daily employee ($E_{Current}$).

$E_{Current}$	
$TV_{Current}$	
$E_{Current} - TV_{Current} =$ $CCVR$	

This is the CCVR based on the weighted average of three years data.

Step 5

Enter this number on line 2 (Section III) of the Registration form.

**SUPPLEMENTAL WORKSHEETS**
Default AVR**Step 1**

Determine the current daily employee number (E_{Current}). This is the number of employees reporting to work in the peak window. Enter this number in table below.

Step 2

Divide the current daily employee number (E_{Current}) by 1.1 and calculate the current daily vehicle trips (TV_{Current}).

E_{Current}	
$E_{\text{Current}} \div 1.1 = TV_{\text{Current}}$	

The current daily employee number (E_{Current}) may be established through payroll records in determining the number of employee reporting to work in the peak window

Step 3

Calculate the CCVR using the information from Step 2 by subtracting the current daily vehicle trips (TV_{Current}) from the current daily employee (E_{Current}).

E_{Current}	
TV_{Current}	
$E_{\text{Current}} - TV_{\text{Current}} =$ CCVR	

This is the CCVR based on the default average vehicle ridership.

Step 4

Enter this number on line 2 (Section III) of the Registration form.

APPENDIX C

AVR Adjustment Off-Peak Credits



RULE 2202 - REGISTRATION FORM

YEAR:	
SITE ID:	

APPENDIX C: AVR ADJUSTMENT OFF-PEAK CREDITS

Page: of:

Employers may receive additional credits from employee trip reductions that occur outside of the peak window. This credit may be calculated as follows:

$$AVR = \frac{E}{V - [CCVR \div 2.3]}$$

Where:

E = Total number of weekly window employees in the peak window.

V = Total number of weekly window vehicle trips in the peak window.

CCVR = Weekly Creditable Commute Vehicle Reductions that occur outside of the peak window.

2.3 = Discount factor.

1. Enter E - total number of weekly window employees in the peak window. (This number is found in Section IV-1, Line ET).	
2. Enter V - total number of weekly window vehicle trips in the peak window. (This number is found in Section IV-1, Line TV).	
3. Enter total number of weekly window employees* in the off-peak window.	
4. Enter total number of weekly window vehicle trips in the off-peak window.	
5. Subtract Line 4 from Line 3, and enter the result here.	
6. Divide Line 5 by 2.3 discount factor, and enter the result here.	
7. Subtract Line 6 from Line 2.	
8. Divide Line 1 by Line 7. This is the adjusted AVR for your worksite. Transfer this number to Section IV-1, H, Line 6 of the AVR Planning Form.	

* This may be calculated by surveying the off-peak employees using the same AVR survey forms found in Appendix A.

APPENDIX D

AVR Adjustment Reduced Staffing



APPENDIX D: AVR ADJUSTMENT REDUCED STAFFING

Page: of:

Employers may receive additional trip reduction credits from reduced staffing that occur during events such as school recesses/breaks, inventory, or temporary facility closures. This credit is not allowed for staff reductions resulting from actions such as layoffs, relocations, transfers, facility closures or temporary closures that are part of regularly schedule facility vacations.

$$AVR = \frac{En \times T}{[Vn \times Tn] + [Vr \times Tr \times 1.15]}$$

Where:

- En = Total number of weekly window employees during the normal operating schedule.
T = Total number of annual operating workdays for the worksite; = Tn + Tr
Vn = Total number of weekly window vehicle trips during the normal operating schedule (Section IV-1, Line TV).
Tn = Total number of normal operating days for the worksite.
Vr = Total number of weekly window vehicle trip that occur during the reduced staffing schedule.
Tr = Total number of days during the reduced staffing schedule.

1. Enter En - total number of weekly window employees during the normal operating schedule. (This number is found in Section IV-1, Line ET.)	
2. Enter Tn - total number of normal operating days for the worksite.	
3. Enter Tr - total number of days during the reduced staffing schedule.	
4. Add Line 2 plus Line 3. Enter the result here.	
5. Multiply Line 1 by Line 4. Enter the result here.	
6. Enter Vn - total number of weekly window vehicle trips during the normal operating schedule. (This number is found in Section IV-1, Line TV.)	
7. Enter Vr - total number of weekly window vehicle trips that occur during the reduced staffing schedule.	
8. Multiply Line 2 by Line 6. Enter the result here.	
9. Multiply Line 3 by Line 7 by 1.15. Enter the result here.	
10 Add Line 8 plus Line 9. Enter the result here.	
11 Divide Line 5 by Line 10. Enter the result here. Transfer this number to Section IV-1, H, Line 6 of the AVR Planning Form.	

APPENDIX E

AVR Adjustment Non-Regulated Sites



RULE 2202 - REGISTRATION FORM

YEAR:	
SITE ID:	

APPENDIX E: AVR ADJUSTMENT NON REGULATED SITES

Page: of:

Provide all information as requested, for each regulated and non-regulated worksite. Please note that employers may voluntarily include worksites with less than 250 employees, and/or employees of other businesses located at the worksite, not subject to the Rule. Employers who choose to voluntarily include non-regulated employees shall refer to Section II-D of the Employee Commute Reduction Program Guidelines.

Photocopy this page as needed.

Site ID #	Total Employees	Window Employees	Weekly Employee Trips	Weekly Vehicle Trips	Current AVR	Target AVR

Adjusted AVR:

Weekly Employee Trips Weekly Vehicle Trips

Totals:

	/	
--	---	--

Adjusted AVR:

	or to
Section IV-1 - H. AVR Planning	
Form, Line 6.	

APPENDIX F

Multiple AVR Adjustments



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

APPENDIX F: AVR ADJUSTMENT Multiple AVR Adjustments

Page: of:

Employers may combine the additional credits from Off-Peak Credits, Reduced Staffing, and Non-Regulated Sites.

- One credit adjustment must be completed before going on to the next.
- You may start the Multiple AVR Adjustment at steps A, B, or C.
- All survey data must be *weekly* employee and *weekly* vehicle trip survey numbers, not daily.

Multiple AVR adjustments should be calculated in the following sequence:	
A. Reduced Staffing Credit (Complete if applicable)	
1. Calculate the AVR for the Reduced Staffing credit and enter the resulting AVR	
2. Enter the number of Weekly Employees used in the Reduced Staffing credit calculation.	
3. Divide the AVR in Line 1 by the Weekly Employees in Line 2 and enter the result here. This is the new adjusted Vehicle-Trips. If you have no Off-Peak Credits skip to Line 7.	
B. Off-Peak Credits. (If you do not have Reduced Staffing Credit from above start with Line 6.)	
4. Enter the adjusted Vehicle Trips from Line 3 above in Appendix C Off-Peak Credit, Line 2.	
5. Continue to calculate the Off-Peak Credits.	
6. Enter the resulting number from Line 7 of the Off-Peak Credit calculation. This is the new Vehicle Trips from your adjustments.	
C. Non-Regulated Worksites	
7. Use the new Vehicle Trips from Line 6 above (or Line 3 if no Off-Peak Credits) as the Weekly Vehicle Trips for the primary worksite in Appendix E - Non-Regulated Sites adjustment calculation.	
8. Complete the calculation for the Non-Regulated Sites.	
9. Enter your adjusted AVR here and on Line 6 in Section IV-1. H.	